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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/254,698 09/24/2002 ABN  
 which is a CON of 09/399,483 09/21/1999 PAT 6,480,610 \*  
 Data provided by applicant is not consistent with PTO records.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 13	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions met  
☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 Subband acoustic feedback cancellation in hearing aids

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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